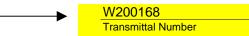
## **Enter your transmittal number**



Your unique Transmittal Number can be accessed online: <a href="http://mass.gov/dep/service/online/trasmfrm.shtml">http://mass.gov/dep/service/online/trasmfrm.shtml</a> or call MassDEP's InfoLine at 617-338-2255 or 800-462-0444 (from 508, 781, and 978 area codes).

## Massachusetts Department of Environmental Protection Transmittal Form for Permit Application and Payment

1. Please type or print. A separate Transmittal Form	A.	Permit Information					
		BWP-IW 38  1. Permit Code: 7 or 8 character code from permit instructions  2. Name of Permit		Industrial Sewer Use			
must be completed							
for each permit		Existing Industrial Sewer Use Applic	cation	3 ,			
application.		3. Type of Project or Activity					
2. Make your							
check payable to the Commonwealth	В.	3. Applicant Information – Firm or Individual					
of Massachusetts	Abbott Bioresearch Center  1. Name of Firm - Or, if party needing this approval is an individual enter name below:						
and mail it with a copy of this form to: DEP, P.O. Box 4062, Boston, MA 02211.							
		2. Last Name of Individual	3. First Name of Individual			4. MI	
		100 Research Drive					
		5. Street Address					
3. Three copies of this form will be needed.		Worcester	MA	01605	508-849-2558		
		6. City/Town	7. State	8. Zip Code	9. Telephone #	10. Ext. #	
		Kenny J. Hartung		kenny.hartung@abbott.com			
Copy 1 - the original must		11. Contact Person		12. e-mail address	(optional)		
accompany your	_	C Equility Cite or Individual Descriping Approval					
permit application.  Copy 2 must	C. Facility, Site or Individual Requiring Approval						
accompany your		Abbott Bioresearch Center					
fee payment.		1. Name of Facility, Site Or Individual					
Copy 3 should be retained for your records		100 Research Drive					
		2. Street Address					
		Worcester	MA	01605	508-849-2558		
4. Both fee-paying and exempt applicants must mail a copy of this transmittal form to:		3. City/Town	4. State 04-305	5. Zip Code <b>7154</b>	6. Telephone #	7. Ext. #	
		8. DEP Facility Number (if Known)  9. Federal I.D. Number (if Known)  10. BWSC Tracking # (if Known)					
	D.	. Application Prepared by (if different from Section B)*					
MassDEP				,			
P.O. Box 4062		1. Name of Firm Or Individual					
Boston, MA 02211		1. Name of Film of Individual					
		2. Address					
		2. Cit./Taura	4 Ctata	5 7:- Cada	C Talanhana#	7 5.4 #	
		3. City/Town	4. State	5. Zip Code	6. Telephone #	7. Ext. #	
		8. Contact Person		9. LSP Number (B)	WSC Permits only)		
	E.	E. Permit - Project Coordination					
		•					
	1.						
		If yes, enter the project's EOEA file number - assigned when an Environmental Notification Form is submitted to the MEPA unit:					
	EOEA File Number						
	F.	F. Amount Due					
DEP Use Only	Sp	Special Provisions:					
Dameit Man	1.						
Permit No:	2.	There are no fee exemptions for BWSC permits, regardless of applicant status.  Hardship Request - payment extensions according to 310 CMR 4.04(3)(c).					
Rec'd Date:	2. 3.	Alternative Schedule Project (according to 310 CMR 4.05 and 4.10).					
	4.	Homeowner (according to 310 CMR 4.02).					
Reviewer:			\$1,605.00				
			Dollar Amount		Date		

w200168\_trans\_form • rev. 1/07